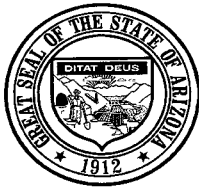


Please mail Registration to:

**FOR OFFICE USE ONLY**  
Registration Number \_\_\_\_\_

**Secretary of State Jan Brewer/Charities Division**  
**1700 W. Washington, 7<sup>th</sup> Fl. Phoenix, AZ 85007**  
Walk-in service: 14 N. 18<sup>th</sup> Ave. Phoenix, AZ  
Tucson office: 400 W Congress, Ste 252  
(602) 542-6187  
(800) 458-5842 (within Arizona)  
No Filing Fee Required



## CHARITABLE ORGANIZATION REGISTRATION FORM

☐ INITIAL REGISTRATION

☐ RENEWAL (Annually September 1-30)  
**A.R.S. 44-6552**

Please TYPE or PRINT.

### 1. Name and Address Information:

Name of Charitable Organization: \_\_\_\_\_

Previous Name Registered if Changed: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Toll Free Telephone \_\_\_\_\_

Internet address \_\_\_\_\_

### 2. Describe the purpose of the charitable organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Officers and Directors: (Attach more sheets if necessary)

A: Office Held: \_\_\_\_\_

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Officers and Directors continued

B: Office Held:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

C: Office Held:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

D: Office Held:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

4. **Describe below any conviction or plea of no contest to a felony or misdemeanor involving fraud, dishonesty, false statement or the receipt or the expectation of receipt of anything of pecuniary value or a violation of A.R.S. Title 44, Chapter 9, Article 6, of any employee or member of the charitable organization.**

Name: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Place of Offense: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

### 5. Method, Locations:

Give a general description that the charitable organization, or any of its solicitors, will use to solicit contributions:

Methods: \_\_\_\_\_

Locations: \_\_\_\_\_

### 6. Duration of Solicitation Period this fiscal year:

**7. Please attach one of the following financial reports from previous fiscal year. If initial registration submit IRS's written determination that it is exempt from taxes in lieu of a financial statement.**

<input type="checkbox"/>	Secretary of State's Finance Report
<input type="checkbox"/>	IRS Form 990 from <u>previous fiscal year</u>
<input type="checkbox"/>	Web address where financial records are available _____

**8. Contracted Fundraisers (all contracted fund raisers must be listed)**

Name of Fundraiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is the listed contracted fundraiser used for consulting only? Yes ☐ No ☐

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**9. Signature and Notary**

**I the undersigned being duly sworn/affirm and say that this Charitable Organization Registration Statement is complete true and correct.**

_____ Printed Name of President or Equivalent Officer	_____ Signature of President or Equivalent Officer
---	--

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**I the undersigned being duly sworn/affirm and say that this Charitable Organization Registration Statement is complete true and correct.**

_____ Printed Name of Secretary or Equivalent Officer	_____ Signature of Secretary or Equivalent Officer
---	--

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

REV 2004